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C O N F I D E N T I A L KINGSTON 002384

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STATE PLEASE PASS FOR WHA/CAR (RBUDDEN), OES/IHA (DWILUSZ)  
PORT OF SPAIN PLEASE PASS FOR CDC (LFITZPATRICK)

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TAGS: [SOCI](#) [TBIO](#) [CASC](#) [PGOV](#) [AID](#) [CDC](#) [JM](#) [XL](#)  
SUBJECT: JAMAICA: MALARIAL OUTBREAK UPDATE

REF: KINGSTON 2314

Classified By: CDA James T. Heg for reasons 1.5 (b) and (d)

11. (C) Summary: The Jamaican malaria outbreak (reftel) will likely get worse before it gets better, according to Pan American Health Organization (PAHO) Country Director Dr. Ernest Pate. In private discussions with Embassy officials on December 8, Pate said that there are 53 confirmed cases, but that there are some 750 people exhibiting symptoms "consistent with the disease." The strain, transmitted by the Anopheles mosquito, is Plasmodium falciparum (P.f.), the most virulent strain of malaria. This strain is common in Haiti, which is believed to be the source for this outbreak. The Jamaican Ministry of Health (MOH) revealed that they had confirmed the first case of malaria as far back as early November, but had not alerted anyone. Pate also revealed that the GOJ has underestimated the geographical expansion of the outbreak. Nevertheless, despite the GOJ's failings, he stated that it seemed that they had now recognized the scale of the problem and were making strides. He further noted that P.f. has a longer incubation period, so that they had a "window of opportunity" to prevent further spread of the disease. End summary.

12. (C) At a meeting on December 8, the Director of the Pan-American Health Organization (PAHO) in Jamaica, Dr. Ernest Pate, told Embassy officials that the malaria outbreak (reftel) on the island would certainly get worse before it gets better. He stated that there were 53 confirmed cases as of December 7, but that there were some 750 people exhibiting symptoms "consistent with the disease." Jamaica currently lacks the ability to comprehensively test those numbers; consequently, there is a current backlog of approximately 500 slides awaiting testing. At a reception on December 7, Pate told econoff that the tests had been coming back positive "about 20 to 25 percent of the time."

13. (C) Pate confirmed that the strain, transmitted by the Anopheles mosquito, was Plasmodium falciparum (P.f.), the most virulent strain of malaria. This strain is common in Haiti, which is believed to be the source for this outbreak. Pate stated that he had interviewed two of the index cases personally, and that one had told him that he made regular runs between Jamaica and Haiti, taking local marijuana for sale there, and using the proceeds to buy guns, which were then smuggled back into Jamaica. Pate also noted, however, that Nigerian nurses here to work were also known to be carriers and thus it was difficult to be conclusive about the origin.

14. (C) He said that the Jamaican response was extremely slow at first. He claimed that officials at the Ministry of

Health (MOH) revealed that they had confirmed the first case of malaria as far back as November 2nd, but had not alerted anyone; nor had they heightened their alert system. Pate believed that this "ostrich mentality" arose from fears that the tourism industry would suffer.

15. (C) Pate also revealed that the GOJ was reluctant to acknowledge the geographical expansion of the outbreak. While the government is characterizing a tightly localized situation, in reality the highly mobile nature of the Jamaican population means that the potential spread is island-wide. No cases have been reported on the tourist-heavy North and West coasts, but Pate believes it is just a matter of time. He further stated that PAHO scientists performed dip-tests along a wide swath of drainage canal in Kingston and registered results positive for *P. falciparum* at 348 of 350 sites. He noted that the prevalence was in Kingston districts 12, 13 and 14 ) approximating Trench Town and Tivoli Gardens.

16. (SBU) On a positive note, despite the GOJ's failings, he stated that it seemed that they had recognized the scale of the problem and were making strides. Pyrethroid insecticide and fogging are being used extensively, with aerial mapping of problem areas by helicopter and satellite. PAHO has sourced 100,000 doses of Chloroquine and Primaquine for treatment. He noted that human resource capacity was a major problem and that the MOH needed lab technicians experienced in reading malarial slides. Mission's USAID Director Karen Turner said she would contact relevant USG entities for assistance.

17. (U) He further noted that *P. falciparum* has a longer incubation period, so that they had a "window of opportunity" to prevent further spread of the disease. Approximately 40 six-man teams from the MOH were going house-to-house in affected areas to inquire about symptoms, to educate, to apply vector control measures, and to identify travelers. This effort has been largely successful in mapping possible future problem areas.

Comment

18. (C) Post expects this outbreak to continue to spread for the near and medium term. The worst-case scenario of 25 percent positive of the 750 possibles outlined by Pate means a minimum of approximately 240 cases (adding in the 53 confirmed). Furthermore, with up to a fourteen-day incubation period in humans, there could well be hundreds more people who have yet to show symptoms. Pate seemed optimistic that if the GOJ continues to be as aggressive as possible, that the outbreak can be brought under control. Since the outbreak became public, the GOJ has shown signs of taking it as seriously as it should. Post worries, however, that the GOJ's response will continue to be affected by concerns over alarming the tourist market.

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